

UNITED STATES DISTRICT COURT  
DISTRICT OF NEW JERSEY

~~John Thomas Palmer~~  
John Thomas Palmer

(In the space above enter the full name(s) of the plaintiff(s).)

- against -

Maryville Post House  
Recovery Center

RECEIVED

APR - 4 2022

AT 8:30 M  
WILLIAM T WALSH  
CLERK

**COMPLAINT**

Jury Trial: ☐ Yes ☒ No

(check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

**I. Parties in this complaint:**

- A. List your name, address and telephone number. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

|           |                  |  |
|-----------|------------------|--|
| Plaintiff | Name             | <del>John Thomas Palmer</del> John Thomas Palmer |
|           | Street Address   | P.O. Box 1136                                    |
|           | County, City     | Salem County Salem City                          |
|           | State & Zip Code | New Jersey 08079                                 |
|           | Telephone Number | (609) 364-5680                                   |

- B. List all defendants. You should state the full name of the defendants, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant can be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name Manville Post House Recovery Center  
 Street Address 610 Pomerton/Brownsville Rd.  
 County, City Burlington County, Pomerton NJ  
 State & Zip Code NJ New Jersey 08068

Defendant No. 2

Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 County, City \_\_\_\_\_  
 State & Zip Code \_\_\_\_\_

Defendant No. 3

Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 County, City \_\_\_\_\_  
 State & Zip Code \_\_\_\_\_

Defendant No. 4

Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 County, City \_\_\_\_\_  
 State & Zip Code \_\_\_\_\_

## II. Basis for Jurisdiction:

Federal courts are courts of limited jurisdiction. There are four types of cases that can be heard in federal court: 1) Federal Question - Under 28 U.S.C. § 1331, a case involving the United States Constitution or federal laws or treaties is a federal question case; 2) Diversity of Citizenship - Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another state and the amount in damages is more than \$75,000 is a diversity of citizenship case; 3) U.S. Government Plaintiff; and 4) U.S. Government Defendant.

- A. What is the basis for federal court jurisdiction? (check all that apply)

☐ Federal Questions ☐ Diversity of Citizenship  
☐ U.S. Government Plaintiff ☐ U.S. Government Defendant

- B. If the basis for jurisdiction is Federal Question, what federal Constitutional, statutory or treaty right is at issue? \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

C. If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party?

Plaintiff(s) state(s) of citizenship \_\_\_\_\_

Defendant(s) state(s) of citizenship \_\_\_\_\_

### III. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. Where did the events giving rise to your claim(s) occur? Maryville Post House Recovery Center, short term residential hallway

B. What date and approximate time did the events giving rise to your claim(s) occur? At 0920 time on the date of 09/08/2020

C. Facts: I walked out of my assigned room into hallway and slipped on, a parently spilled water on floor. There was no sign or any indication of hazard. I slipped and fell. I went down hard. Right foot went out, landed on left knee and wrist twisting my back awkwardly.

What happened to you?

Who did what?

Medical and staff transported me to the hospital.

Was anyone else involved?

No

Who else saw what happened?

Other clients in day room, staff reviewed the footage on surveillance camera from hallway. There is footage that I have been trying to retrieve from the facility

## IV. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

The hospital only took x-rays of left wrist, not knee nor back, claimed only Covid 19 victims were priority. Directly after ward was incarcerated. Have complained many, many times to the facilities that I have been to. Currently in another treatment facility, directly from prison and still being denied proper medical treatment or care. I am in constant pain due to "Scar Tissue" on left knee, says SSCF Doctor. Can not kneel nor bend at waist for long time due to pain. Carrying or squeezing with left hand is minimal. Recent X-ray of left knee

## V. Relief:


State what you want the Court to do for you and the amount of monetary compensation, if any, you are seeking, and the basis for such compensation.

I have only limited use of left hand until access to physical therapy, as well as lower back. Definite need of a chiropractor for back. Probably nothing short of surgery to remove scar tissue from knee cap in order to kneel. This causes issues with work, home and definitely intercourse/sexual relations with my wife. I do construction work and these issues have and will cause issues with maneuvering and mobility. I have inquired around and found that this situation generally covers around \$40,000 which will have to cover surgery on knee, X-rays, chiropractor visits, physical therapy, any other tests that will be needed, and compensation for loss of work and/or jobs that will have to be passed up due to lack of certain abilities and the pain I deal with now and the rest of my life.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 29 day of March, 2022.

Signature of Plaintiff

 John Palmer

Mailing Address

P.O. Box 1156  
Salem OR 97307

Telephone Number

(609) 364-5080

Fax Number (if you have one)

E-mail Address

johnpalmer800@gmail.com

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint.

Signature of Plaintiff:

